

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-048102

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 316

Primary Registration District No.

Registrar's No. 544

FILED JAN 3 1963

VS 300
Rev. 4/596940
2049

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1293-0

13 1-0

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH

a. COUNTY

St. Francois County

b. CITY (If outside corporate limits, give TOWNSHIP only)

St. Francois Township

Length of stay in 1b

14 1/2 AM; 17 days

c. FULL NAME OF (If NOT in hospital, give location)

State Hospital No. 4

Inside Limits

Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

St. Louis City

c. CITY

OR

TOWN

St. Louis

Inside Limits

Yes ☒ No ☐

d. STREET

ADDRESS

1421a

(If outside, give location)

McCausland Ave.

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

First

IDA

Middle

Anna JOHNSON

Last

4. DATE

OF

DEATH

Month

December

Day

9

Year

1962

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

8. DATE OF BIRTH

9/20/1882

9. AGE (last birthday)

80

IF UNDER 1 YEAR

Months Days Hours Min.

2 14

IF UNDER 24 HR

Months Days Hours Min.

2 14

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Ret. Secretary

10b. KIND OF BUSINESS OR INDUSTRY

Lawyer's Office

11. BIRTHPLACE (City and state or country)

St. Louis, Mo.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Henry Bies

13b. MOTHER'S MAIDEN NAME

Unknown

14. NAME OF HUSBAND OR WIFE

Victor F. Johnson

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

[REDACTED]

17. INFORMANT

Records, State Hosp. #4, Farmington, Mo. and

Melvin W. Johnson House Springs, Mo.

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Terminal pneumonia - - - - - Abt. 4 wks.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Generalized arteriosclerosis - - - - -

DUE TO (c)

[REDACTED]

INTERVAL BETWEEN ONSET AND DEATH

Unknown.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
Chronic brain syndrome with cerebral arteriosclerosis with psychotic reaction.

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

a.m.

p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

Nov. 18, 1962

to Dec. 9, 1962

and last saw her alive on Dec. 9, 1962

Death occurred at

5:15

P

m

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

John A. Brennan M.D.

22b. ADDRESS

State Hospital No. 4,

Farmington, Missouri

22c. DATE SIGNED

12/9/62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

12/11/62

23c. NAME OF CEMETERY OR CREMATORY

Oak Grove Cemetery

23d. LOCATION (City, town, or county)

St. Louis County, Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Ambruster Mortuary 6633 Clayton Road

St. Louis, Mo.

25. DATE RECD. BY LOCAL REG.

Dec. 9, 1962

26. REGISTRAR'S SIGNATURE

Esther Rudloff

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

JAN 2 1961

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Fred J. Farmer

Licensed Embalmer No. 4788

P. O. Address

St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.